

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 460563-032489

STATE FILE NUMBER

FILED SEP 13 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF John K. Caldwell MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Hazelwood Nursing Home</u> | | d. STREET ADDRESS (If outside, give location) <u>4200 E. 87th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>LERAH</u> Middle <u>EDITH</u> Last <u>VENABLE</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>19</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-11-1886</u> 77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | |
| 13a. FATHER'S NAME <u>Thomas D. Hudgens</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jessie B. Robbins</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT <u>L.R. Hudgens, 4200 E. 87th Street</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>1 year</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Two ribs</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Patient fell on floor at the home.</u> | |
| 20c. TIME OF INJURY Hour <u>10</u> a.m. <u>8-7-63</u> Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In the home</u> | | 20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY <u>Jackson</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>Aug 8, 1963</u> to <u>Aug 19, 1963</u> and last saw her alive on <u>Aug 8, 1963</u> Death occurred at <u>1:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>John K. Caldwell M.D.</u> | |
| 22b. ADDRESS <u>Kansas City, Mo.</u> | | 22c. DATE SIGNED <u>8/21/63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug. 22, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> |
| 24. FUNERAL DIRECTOR <u>D.W. Newcomers Sons</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-22-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Jessie Smith</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. John Caldwell
Angela Bldg. #411454

SEP 12 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Erving M. Denny

Licensed Embalmer No. 3566

P. O. Address K. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.